

DOCUMENT OF
NURSING STUDENT POLICY

SUNY Orange
Middletown, New York

ASSOCIATE DEGREE NURSING PROGRAM

I have read this document of nursing student policy and
understand that I am responsible for abiding by the contents.

(Student's Signature)

(Please Print Name)

(Date)

January, 1987
Revised 6/07

Student Standards of Conduct

Scholastic Honesty and Professional Integrity

- In addition to the “SUNY Orange Student Handbook” statements and policies relative to academic dishonesty, as outlined in the code of student conduct, the Department of Nursing recognizes the strong link between honesty in academic work and professional integrity. Any act of academic dishonesty, including but not limited to: cheating on exams, fabrication of reports or records of interactions with clients, and plagiarism is considered incompatible with ethical standards of nursing practice. **Students who engage in scholastic dishonesty may be subject to dismissal or failure of a nursing course.**
- I hereby acknowledge receipt of the following materials regarding Scholastic Dishonesty policy at Orange County Community College Department of Nursing:

“Code of Student conduct” outlined in the SUNY Orange Student Handbook available in text and at [http://www.sunyorange.edu/studentlife/publications/studenthandbook/code of conduct.pdf](http://www.sunyorange.edu/studentlife/publications/studenthandbook/code%20of%20conduct.pdf)
- I recognize the strong link between honesty in academic work and professional integrity. I further understand that acts of scholastic dishonesty may jeopardize my enrollment in the SUNY Orange Nursing Program.
- I agree to abide by the College and Nursing Department’s standards regarding academic integrity.

Student’s Signature _____ Date _____

Print Name _____
Last First MI

INTRODUCTION

These policies and regulations are specific to the nursing program and supplement the general college policies for students. They strengthen the nursing program's goal to educate nurses who are knowledgeable and responsible in nursing practice.

The nursing faculty developed this document to fulfill several other purposes. It designates the policies and defines specific regulations governing students in the nursing program; helps assure that students will receive consistent and uniform consideration throughout the program; and serves as guidelines for nursing students.

These policies and regulations also are in accord with several other principles, codes, and laws with which nurses and nursing students must comply. Unsafe, unethical, or disruptive behavior in the classroom or clinical setting is not only socially unacceptable, but it is not professionally permitted. Refer to your SUNY Orange Student Handbook booklet.

Each student is receiving a copy of the nursing student policies. All students will be expected to indicate by their signature that they understand and will abide by the contents.

In addition to these policies and regulations of the nursing department, nursing students are expected to comply with all civil laws and regulations.

Code of Ethics

The Code of Ethics of the American Nurses' Association is used as the standard for ethical practice and is used to assure that patients will be protected in accordance with the New York State's Nurse Practice Act.

The Code of Ethics is based on a body of moral and ethical principles. These principles have been translated into statements of standards which will guide the nursing students' integrity and their conduct while engaged in learning within the nursing program and later as a nurse in practice.

Conduct violating these statements may constitute reason for departmental warning or for departmental withdrawal from the nursing program.

American Nurses' Association

Code of Ethics*

(*1950, revised 1960, 1976, 1985 and 2001)

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
7. The nurse participates in advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

Mission, Philosophy and Outcomes/Goals of the Associate Degree Nursing Program

Mission Statement

The nursing program of Orange County Community College provides students with the educational preparation for a career in the profession of nursing.

Philosophy

The nursing faculty believe that a person's humanness is identified in terms of a hierarchy of needs. Lower level needs must be met before higher level needs can be attained. A person strives to reach and maintain self-actualization (Basic Human Needs). These needs are met through the science and art of nursing which utilize principles from the biological, physical, behavioral and social sciences.

The nursing process is the scientific problem-solving method used to define the science of nursing. The art of nursing is the creative application of the science of nursing to the care of individuals and groups of individuals within diverse cultural communities. The individual or person is influenced by the satisfaction of their physiological, psychological, sociocultural and developmental needs. Health is affected by the interaction of the individual within their society. The individual responds to changes within the environment. The environment consists of internal and external components. Internal environment can be conceptualized as what is within the person. External environment consists of physical and social environment which includes cultural, ethnic and spiritual aspects including family and community. Health is a dynamic and ever changing state. Our belief is that individuals define health from their own perspective as they interact with their environment.

The beginning practice of the associate degree nurse is directed toward meeting the hierarchy needs of individuals. Associate degree nursing practice functions within the legal and ethical framework of the profession and is concerned with individuals and groups throughout the life span (Erikson). The nursing faculty continue to support the basic philosophy of associate degree education for nurses. This involves the development of classroom and clinical competence using problem-solving and critical thinking skills. We believe that learning experiences should progress from the simple to the complex.

In congruence with the mission and goals of Orange County Community College, the unit of nursing presents a program that will provide students with a broad base of knowledge in preparation for a career in the profession of nursing. To accomplish its mission, the nursing faculty provide five sequential nursing courses, elective support courses and non-nursing requisites in conjunction with the technologies at the level of a two-year degree with the following outcomes/goals.

Learning Outcomes/Goals

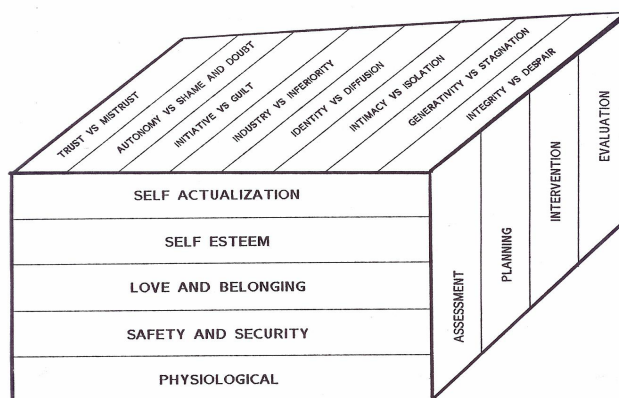
1. Students will utilize a reasoning process to resolve clinical and professional problems.
2. Students will listen, speak and write to promote the client's well being.

3. Students will follow accepted standards of nursing practice to provide safe and appropriate care.
4. Students will through professional role development, provide age appropriate care to clients in diverse health care settings.

Program Outcomes/Goals

1. Graduates who take the NCLEX for the first time will have passed the examination at a rate equal to or exceeding the mean for New York State.
2. The graduate of this program will have the necessary theoretical background and technical skills for an entry-level nursing position.
3. The graduate will value the pursuit of life-long learning.
4. The employer of a graduate of this program will verbalize confidence that the individual possesses the necessary theoretical background and technical skills for an entry-level nursing position.

Conceptual Framework



This diagram provides a visual image of the interrelation of human needs theory and Erikson's developmental stages of man. The unifying concept is the nursing process, which is a systematic method for the organization and delivery of nursing care.

Standards for the Nursing Program at SUNY Orange

Nursing at the associate degree level includes several essential cognitive, physical and psychosocial functions. Among the most important are providing direct care for individuals and applying verified knowledge in the skillful performance of nursing functions.

In order to successfully complete program objectives, students must possess sufficient:

- A. **Visual acuity** for the accurate preparation and administration of medications and for the critical observations in client assessment and nursing care. Visual acuity is defined as:
 - (1) near clarity of vision at 20 inches or less (corrected), and
 - (2) far clarity of vision at 20 feet or more (corrected).
 - B. **Auditory perception** to receive verbal communication from clients and members of the health care team, to hear sounds depicting changes in client status, and to assess the physiologic condition of clients through the use of assessment equipment and monitoring devices (i.e., cardiac monitors, stethoscopes, IV infusion pumps, Dopplers, safety alarms).
 - C. Ability to **smell** odors that indicate changes in the physiological status of the client, or unsafe environmental conditions.
 - D. **Fine and gross motor coordination** to respond promptly to and to implement the skills required in meeting client health needs in all health care settings in routine and emergency care. This includes having:
 - (1) fine motor coordination, such as in assessing a client's pulse, preparing and giving an injection, administering IV therapy, maintaining asepsis, inserting a Foley catheter, or performing other nursing skills.
 - (2) gross motor coordination, with the ability to move freely while observing, assessing and performing all aspects of client care (i.e., hygiene, feeding, application of restraints).
 - (3) ability to lift and support at least 50 pounds in order to reposition, transfer, and ambulate clients safely.
 - E. **Physical health** to maintain wellness at a level that promotes functioning at maximum capacity and that avoids placing clients and other health care workers at risk for illness and injury.
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- F. Ability to **communicate** with clients and members of the health team, including:
 - (1) the ability to clearly and effectively speak to clients and members of the health team.
 - (2) the ability to read and comprehend written course materials, read and

interpret client care documents, and read and follow health care institution policies and procedures.

- (3) the ability to write in a legible, accurate and concise documentation style which is appropriate, using grammatically correct English language.

G. Intellectual function, cognitive ability, and emotional capacity to plan and provide care for individuals, implementing skills and new technology.

H. Psychological stability to perform at the required levels in the clinical portions of the program. When students exhibit conduct and behavior which the nursing faculty determines to be inconsistent with providing effective and safe nursing care, the faculty reserves the right to remove students from the immediate setting. Follow-up actions will be consistent with department and/or college policies and procedures.

I. Ethics which assure the exclusion of substance abuse, and/or the use, possession, distribution of illicit drugs.

If a student should present with any physical or cognitive limitation(s), or develop such, during the course of the program, the limitations must be identified to the chairperson of the nursing department.

American Nurses' Association Clinical Standards

Standards describe the profession's responsibility to the public and the outcomes for which nurses are ACCOUNTABLE.

Standards of Care

- Standard 1: Assessment - The registered nurse collects comprehensive data pertinent to the patient's health or the situation.
- Standard 2: Diagnosis - The registered nurse analyzes the assessment data in determining diagnoses or issues.
- Standard 3: Outcome Identification - The registered nurse identifies expected outcomes for a plan individualized to the patient or the situation.
- Standard 4: Planning - The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.
- Standard 5: Implementation - The registered nurse implements the identified plan.
- Standard 5a: The registered nurse coordinates care delivery.
- Standard 5b: The registered nurse employs strategies to promote health and a safe environment.
- Standard 5c: The advanced practice registered nurse and the nursing role specialist provide consultation to influence the identified plan, enhance the abilities of others, and effect change
- Standard 5d: Prescriptive Authority and Treatment - The advanced practice registered nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.
- Standard 6: The registered nurse evaluates progress toward attainment of outcomes.

Standards of Professional Performance

- Standard 7: Quality of Practice - The registered nurse systematically enhances the quality and effectiveness of nursing practice.
- Standard 8: Education - The registered nurse attains knowledge and competence that reflects current nursing practice.
- Standard 9: Professional Practice Evaluation - The registered nurse evaluated one's own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.
- Standard 10: Collegiality - The registered nurse interacts with and contributes to the professional development of peers and colleagues.

Standards of Professional Performance (continued)

Standard 11: Collaboration - The registered nurse collaborates with patient, family, and others in the conduct of nursing practice.

Standard 12: Ethics - The registered nurse integrates ethical provisions in all areas of practice.

Standard 13: Research - The nurse uses research findings in practice.

Standard 14: Resource Utilization - The registered nurse considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of nursing services.

Standard 15: Leadership - The registered nurse provides leadership in the professional practice setting and the profession.

CLINICAL LABORATORY STANDARDS

Standards for Clinical Laboratory Experiences

1. Students are not to be on the clinical unit without an instructor (unless special arrangements have been made).
2. Students must make their own transportation arrangements at their own expense on days when classes are held off campus.
3. Students are to abide by all policies of the assigned clinical facility.
4. Students may not leave assigned clinical areas without the instructor's permission.
5. Personal cleanliness is essential.
6. Chewing gum and smoking are not permitted.
7. Failure to notify the clinical, lab or lead instructor prior to an absence or tardiness will be considered unprofessional and be so noted on the clinical evaluation section.

Overall Uniform Policies

1. Uniforms must be washed, clean, and without wrinkles for each clinical day.
2. White shoes, including shoe laces, should be clean and have white soles; no open backs, open toes or clogs.
3. Sweaters, if worn, must be white and conform with #1.
4. Uniforms are not to be worn on college campus.
5. Hair must be neat, clean, controlled, and off the collar; use simple hair accessories to hold hair.

Overall Uniform Policies (continued)

6. Beards and mustaches must be neatly trimmed. If no established beard or mustache, face must be cleanly shaved.
7. Nails are to be fingertip length and clean. Clear nail polish may be worn. No artificial nails/wraps, gels or tips are permitted.
8. Conservative make-up may be worn.
9. Purses may not be brought into the clinical area.
10. If not properly attired, the student may be sent off the clinical unit.

Female Attire

1. Jewelry: only plain post earrings with a diameter no larger than shown here



and only one earring per ear; plain wedding bands without stones may be worn.
No other jewelry is permitted including any piercing jewelry.

2. Uniform (dress/skirt) must be at least two inches below the knee.
3. White tailored shirt/blouse with collar and short sleeves (no turtleneck tops) is worn in the clinical area.
4. White tailored dress slacks and top.
5. Blue toga with OCCC emblem.
6. Plain white stockings, or white socks with pants.
7. White leather shoes (no nylon or canvas shoes).

Male Attire

1. Jewelry: only plain post earrings with a diameter no larger than shown here
and only one earring per ear; plain wedding bands without stones may be worn.
No other jewelry is permitted including any piercing jewelry.
2. Blue shirt with OCCC emblem is worn in the clinical units.
3. White tailored dress slacks.
4. White socks.
5. White leather shoes (no nylon or canvas shoes).

Articles Needed for Clinical Practice for All Semesters

Wrist watch with second hand and narrow band (wide band is not acceptable)
Stethoscope
Small note book
Red and black pens (no blue pens)
Pencil with eraser
Pen light
Surgical scissor
College Photo Identification
Pocket holder

ACADEMIC PLANNING

Individual Program Planning

Planning a program of study for successful learning is important to all students. The average college credit hour load for undergraduate students is about 14 credits. Such a credit hour load requires at least 40-45 hours per week of a learner's time.

14 hours of class (if no laboratories)
28 hours of study/homework (equates to a grade of C)
— (computed: 14 credit hours X 2 hours = 28 hours)

42 minimum hours for success

Nursing students or students with laboratory credit hours require more hours for a similar credit hour load. For example:

7 hours in liberal arts and sciences
4 hours of lecture or seminar (Nursing I)
9 hours of laboratory (Nursing I)
28 hours of study/homework (equates to a grade of C)

48 minimum hours for success

Faculty advisors urge students to see them before registration to plan their semester course loads. Many students have out-of-college demands on their time; for example, employment, family responsibilities, other stressful endeavors, problems related to learning or study habits, etc. Planning a course load which is realistic and balances college-going and outside commitments is important to success in college. The curriculum for a degree program which can be completed in two academic years does not imply that it should or must be completed in two years. For some, planning might mean carrying a credit hour load of 10-12 or even less credit hours.

The faculty's main goal is to help students succeed in their goal at OCCC. The nursing faculty advisors are available for this planning. Students are urged to discuss their goals with them.

A schedule of clock hours of instruction per week (actual time spent in lecture, laboratory and clinical agency) follows on page 11.

ASSOCIATE DEGREE NURSING CURRICULUM

<u>Course Titles</u>	<u>Hours of Instruction Per Week</u>			<u>Total Clock Hours Per Week</u>	<u>Total* Clock Hours Per Semester (15 weeks)</u>	<u>C R H E O D U I R T S</u>	
	<u>Lecture at College</u>	<u>In College Laboratory</u>	<u>In a Clinical Agency</u>				
1. <u>Nursing</u>							
Nursing I: Fundamentals (NUR 101)	4	3	6	13	195		7
Nursing II: Fundamentals (NUR 102)	6	3	9	18	270		10
Nursing III: Maternal and Child Health (NUR 201)	4	3	6	13	195		7
Nursing IV: Physical and Mental Illness (NUR 202)	6	2	11	19	247 (13 wks)		9
Nursing V: Transition to Practice (NUR 203)			45		45 (2 wks)		1
2. <u>Biological Sciences</u>							
Anatomy & Physiology I (BIO 105)	3	3	0	6	90		4
Anatomy & Physiology II (BIO 106)	3	3	0	6	90		4
Microbiology (MLT 106)	2	2	0	4	60		3
3. <u>Physical Science</u>							
Elements of Chemistry and Physics (PHY 110)	2	2	0	4	60		3
4. <u>English</u>							
Freshman English I (ENG 101)	3	0	0	3	45		3
Freshman English II (ENG 102)	3	0	0	3	45		3
5. <u>Physical Education</u>							
I (PED 000)	0	1	0	1	15		.5
II (PED 000)	0	1	0	1	15		.5
III (PED 000)	0	1	0	1	15		.5
IV Concepts of Wellness (PED 000)	0	1	0	1	15		.5
6. <u>Social Sciences</u>							
Elective	3	0	0	3	45		3
Psychology of Adjustment (PSY 110)	3	0	0	3	45		3
7. <u>Electives</u>							
Electives	6	0	0	6	90		<u>6</u>

Total Credits 68

* Plus--one week for final examinations.

One clock hour for classroom instruction is equivalent to one credit hour. Credit allocation for on-campus laboratory and clinical instruction consists of three clock hours to one credit hour. (One clock hour equals 50 minutes of instruction.)

PROGRESSION POLICY

Sequence of Courses

The nursing courses and their requisites must follow the sequence identified here and in the college catalog.

To qualify for enrollment in:

NUR 101* Nursing I: Fundamentals

***Pre/Corequisites: BIO 105 Anatomy and Physiology I ++
MLT 106 Microbiology

NUR 102* Nursing II: Fundamentals

Prerequisites: NUR 101*
BIO 105 Anatomy and Physiology I ++
MLT 106 Microbiology

***Corequisite: BIO 106 Anatomy and Physiology II ++

The following first level courses must be completed prior to enrollment in NUR 201* Nursing III: Caring for the Growing Family or the sophomore level nursing courses:

Nursing I and II, NUR 101* and NUR 102*
Freshman English I and II, ENG 101 and ENG 102
Anatomy and Physiology I and II, BIO 105 and BIO 106
Microbiology, MLT106

NUR 201* Nursing III: Caring for the Growing Family

Prerequisites: NUR 102* and courses listed above

***Corequisites: PHY 110 Elements of Chemistry and Physics
PSY 110 Psychology of Adjustment

NUR 202* Nursing IV: Physical and Mental Illness

Prerequisites: NUR 201*
PHY 110 Elements of Chemistry and Physics
PSY 110 Psychology of Adjustment

NUR 203* Nursing V: Transition to Practice

Prerequisite: NUR 202*

++A grade of C- is required in Anatomy & Physiology I and II.

***You may not withdraw from a corequisite and remain in the nursing course. If you withdraw from a corequisite, you must also withdraw from the nursing course.

Note: Student transferring courses from other colleges or applying prior SUNY Orange course work to the degree of nursing need to be aware that all science courses must be within 5 years of program entrance and Psych of adjustment (PSY 110) within 10 years of program entrance. In general, no more than 30 semester hours of credit are acceptable from another college and credits more than ten years old (except those stated above) will be evaluated by the college registrar on an individual basis.

Progression and Graduation

In addition to the general college requirements listed in the college Student Handbook, nursing students must earn a grade of "C" (75%) or higher in each nursing course to progress or to graduate from the nursing program. Students are strongly advised to maintain a GPA of 2.5 upon graduation in order to continue their education into a BSN program.

An AAS degree in nursing is required for certification to take the National Council Licensure Examination (NCLEX) for Registered Professional Nurse (RN).

CPR

CPR is a required skill for NUR 102. Students must present documentation of completion of the skill during the first week of the semester in order to attend clinical classes and care for clients. This documentation must include CPR of infants, children and adults. Required course is the American Heart Association Basic Life Support for Healthcare Professionals. This documentation must be current through Nursing V: NUR 203. **Effective Fall 2008, students will be required to be CPR certified for NUR 101.**

Physical Examination

All students are required to meet New York State Hospital Code requirements and agency requirements prior to admission to clinical sites. All students must have an annual physical examination and Mantoux testing for Tuberculosis; titers for Measles, Mumps, Rubella and Varicella are required regardless of age or previous immunization history; verification of Varicella immunity is required; proof of Hepatitis B vaccination must be submitted or a signed statement of declination of the Hepatitis B vaccine.

Physicals submitted after August 1st will be subject to a \$25.00 late fee.

All students who have a change in their health status, after the submission of their physical must inform their lead instructor and the Department Chairperson. The student will be required to submit medical clearance to attend clinical.

Alcohol and Drug Testing

Health care facilities have a responsibility to ensure that caregivers are "fit for duty" and provide the highest quality health care possible. To further the goal of providing the highest quality health care for clients, many hospitals and other health care facilities perform alcohol and drug testing before an employee begins work or a student begins a clinical rotation. In addition, many health care facilities do random screening for alcohol/drug use and background checks.

We must adhere to all of the clinic rules, accreditation requirements and NYS Health Department regulations. A student who refuses to submit to the alcohol and drug test or one who tests positive for the presence of alcohol, any illegal drug(s), or an unauthorized controlled substance(s) will be dismissed by the health care facility and not be allowed to continue in clinical that semester.

Students who are dismissed from the health care facility would have to wait until that clinical course is offered again. In order to attend clinical, these students would need to provide evidence to demonstrate that they are now "fit for duty."

A student may not graduate from a Program in the Health Professions without passing all clinical

courses.

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Program Completion Time for Nursing Students

Beginning in Fall 2004, the program must be completed in no more than 3 consecutive years of enrollment in the first nursing course. Additionally, only one Nursing course may be repeated one time.

Evening Part-Time Nursing Program

The evening program is only for part-time students taking 11.5 credits or less. It is strongly recommended that all General Education courses be completed before admission to NUR 101. Once you are in the evening program, you can only move to a day schedule during subsequent semesters if there is seat availability and with permission of the department chairperson.

Readmission to Nursing Courses

If you are no longer enrolled in nursing courses, an official change in curriculum must be completed to either Liberal Arts, Math & Science (220N) or to another eligible curriculum.

Please check with the admissions office concerning current procedures for readmission if you wish to return to Nursing I. If you wish to return to Nursing II, III, IV or V, you must inform the nursing chairperson of your intentions in writing. If you have been separated from the nursing department for more than one year, your readmission in sequence is at the discretion of the chairperson. Readmission to a nursing course is *never* guaranteed.

You may not be able to register for a nursing course during the early registration period. All students applying for readmission must meet the admission requirements in the current college catalog. For students to be readmitted into Nursing II, III and IV, it is required that the student take the Nursing Bridge Course (non-credit) the semester before re-entering the program; e.g., Nursing II and IV should take the course in the fall and Nursing III in the summer.

Audit of Courses

Nursing courses (NUR 101- NUR 203) are *not* subject to audit.

Repeat Policy

Nursing courses may only be repeated one time (57101, 57102, 57201, 57202 & 57203). Please see college catalog for policy statement. Repeating a required clinical nursing course is taking a course after having received an A, B, C, D, F, or withdrawing from a course with an academic or clinical failure. Beginning in Fall 2004, only one nursing course may be repeated.

Student Withdrawal from Nursing Course

Nursing faculty follow the college policy for withdrawal. Students are to discuss Withdrawal and Instructor Withdrawal policies with their lead instructor and to follow deadlines for withdrawals as presented in the college catalog. See academic policy, "Official Withdrawal from Non-Developmental Courses," listed in college catalog. When a student withdraws from a clinical nursing course, they must also withdraw from all elective nursing courses that are designated, as co-requisites (support courses and nursing and writing courses).

Withdrawal from Non-Developmental Courses

During the semester a student may withdraw from a course by completing a withdrawal (drop) form that is available at the Records and Registration office with an advisor's signature. No record of the course appears on the student's transcript if the course is dropped by the deadlines published in the appropriate course schedule. From these dates forward, the student would need to do an Official Withdrawal by the appropriate deadlines (see Official Withdrawal from College section) or the instructor may initiate an Instructor Withdrawal. An instructor is not required to do an Instructor Withdrawal. No instructor withdrawals can be given for clinical failure.

Rights and Responsibilities

Students can communicate their complaints and concerns as outlined in the SUNY Orange Student Handbook and the student grievance procedure outlined in the SUNY Orange Catalog. Students may also use the option of contacting the National League for Nursing Accrediting Commission (NLNAC), 61 Broadway, New York, NY 10006, (212-363-5555).

Criminal Charges

An individual who has charges pending or has been convicted of a felony or misdemeanor and/or has been found guilty of professional misconduct or negligence may not be eligible to be licensed as a Registered Nurse. These matters may be discussed before applying for admission to the nursing program at the Office of Professional Discipline, New York State Education Department.

Early Registration and Registering for the Next Nursing Course

Students who are continuing in the nursing program must register during the early registration period (April for fall and November for spring) in order to assure placement in the next nursing course. There are many requests for readmission to a nursing course, and those individuals will be given a seat after continuing students have had an opportunity to register during early registration. Failure to comply with this will cause students in nursing not to have a seat in the next semester course.

Taping of Classes and Audio-Visual Materials and the Copyright Law

No nursing student is permitted to audiotape, video tape or take pictures in any class in nursing unless specific individual permission is given by the Department Chairperson.

Copyright law prohibits the reproduction of audio-visual materials without permission of the company. The Department of Nursing does not have permission from any of the companies for reproduction of any kind. A student will be held in violation of the copyright law and departmental rules.

Cell Phone Use

Cell phones **must** be turned off in all on campus and clinical classes. The active use of any device classified as a "telecommunications device," including but not limited to pagers, cellular phone, PDA's and, messaging devices, is prohibited in classrooms, as well as in other areas where a classroom atmosphere is assumed (e.g. libraries, labs, theaters, administrative offices, off campus clinical sites), except by special permission of the instructor. Instructors reserve the right to regulate the monitoring of such devices as necessary.

Academic Honesty

In addition to the “SUNY Orange Student Handbook” statements and policies relative to academic dishonesty, as outlined in the code of student conduct, the Department of Nursing recognizes the strong link between honesty in academic work and professional integrity. Any act of academic dishonesty, including: cheating on exams, fabrication of reports or records of interactions with clients, and plagiarism is considered incompatible with ethical standards of nursing practice. **Students who engage in scholastic dishonesty may be subject to suspension or failure of a nursing course.**

1. Students must not have any electronic devices on their person during tests or quizzes.
2. Students who leave a classroom during a test will not be permitted back into the classroom until the test is completed.

Documented Disabilities

If you have a documented disability and anticipate needing accommodations in this course, please Contact the Office of Disability Services. Their office is located on the 3rd floor of the George Shepard Center (College Commons). You may contact them at (845) 341-4077. Follow their guidelines regarding submitting documentation and bring your official Accommodation Notice to your instructor as soon as possible. Reasonable accommodations will be made if possible.

Faculty Office Hours

All full-time faculty have office hours which change each semester. Hours are posted on their office door.

Scholarships

Students who have successfully completed two semesters of nursing may be eligible for scholarships. Application is made at the Financial Aid Office. Both full-time and part-time (minimum of ten credits) are eligible to apply.

College Laboratory Procedures when Handling Sharps

1. Students in both levels will be issued syringes for practice on manikins and injection pads. These syringes are to be kept in specially marked individual zip-locked bags. **STUDENTS ARE NOT TO SHARE PRACTICE SYRINGES.** If an individual needs additional equipment, it will be supplied. Since practice syringes are not in contact with blood or body fluids, they may be recapped using the one-handed technique.
2. During a practice period with syringes in BT 229, 210, 208 or 206, if a student punctures skin with the practice equipment, the laboratory instructor or technical laboratory assistant should be notified. **THE SYRINGE IS TO BE DISPOSED OF IN THE SHARPS CONTAINER.** The area should be cleansed and the gauze disposed of in the red bag. A Laboratory Incident Report should be completed and given to the chairperson. The student should then be referred to the campus nurse.
3. After skill evaluations, the syringes are not recapped and are disposed of in the proper sharps container. The evaluation laboratory simulates the clinical laboratory, and syringes should not be recapped. Additional syringes will be issued for further practice.

College Accident Insurance

The college's accident insurance is only for accidents (example, needlestick injection in clinical). If you become ill in clinical classes, any visits to the agency's emergency room will be self-pay or may be submitted to your personal medical insurance company. Be aware that most medical plans may deny coverage for an emergency room visit unless it is for an accident or life threatening illness.

ATTENDANCE POLICY

1. Faculty are committed to student success and learning. For this reason attendance in class is necessary for student success. Students are required to attend **all** nursing classes. In accordance with college and department policies, a faculty member has the prerogative to lower grades or withdraw a student for absences or tardiness. (See the SUNY Orange Student Handbook and the SUNY Orange catalog). ***Refer to the Course Syllabus for specific guidelines.***
2. A classroom, laboratory, or clinical tardiness of 15 minutes constitutes an absence.
3. Clinical objectives must be met in order to receive a satisfactory clinical evaluation. Attendance is mandatory. **ARRANGEMENT FOR CLINICAL MAKE-UP IS NOT POSSIBLE.**
4. Students who miss a college laboratory may ask instructor permission to attend another scheduled lab for that week. The absence is recorded but no points are deducted. A student may only do this one time. If a student is unable to attend another scheduled lab, they are required to make up the missed material and skills in the skills lab (BT 229) with faculty or staff. The absence will be recorded and points deducted.
5. In the case of unavoidable absences, the student must submit written documentation to their lead instructor for consideration. However, faculty reserve the right to enforce this policy.
6. When a change in grade will result due to excessive absences, the student will be referred to the Nursing Department Advisory Committee and may be asked or requested to appear before that committee.
7. Students may be absent from class due to religious observance without penalty. Students should inform their instructor when they anticipate an absence for religious observance so that arrangements can be made for make-up assignments, study or work requirements.

REPORT OF STUDENT ABSENCE/TARDINESS

On _____ Nursing Student _____
Date Name

was ☐ absent ☐ tardy _____ minutes
for ☐ classroom ☐ college laboratory (m/s lab) ☐ clinical

Signature of Instructor

I have reviewed the Attendance Policy set forward in the "Document of Nursing Student Policy."
I understand that, in accordance with college and department policies, faculty member has the prerogative to lower grades or withdraw a student for excessive absence or tardiness.

I further understand that missed laboratory sessions must be made up within one week. Missed clinical sessions cannot be made up.

Signature of Student

(Students wishing to offer an explanation for their absence or tardiness may do so. However, students must understand that clinical laboratory objectives must be met in order to receive a satisfactory clinical evaluation. Therefore, any clinical or laboratory absence may be considered excessive. A doctor's letter or note may be requested for health related problems.)

GRADING REQUIREMENTS

I. A minimum grade of C must be obtained in NUR 101, NUR 102, NUR 201, NUR 202.

Grading:	A	=	94-100%
	A-	=	90-93%
	B+	=	87-89%
	B	=	83-86%
	B-	=	80-82%
	C+	=	77-79%
	C	=	75-76%
	D	=	60-74%
	F	=	below 60%

II. A grade in any nursing course will be based on knowledge and skills acquired in the classroom, clinical setting, and college laboratory.

A. Each student's classroom performance is evaluated by the classroom instructor in collaboration with the college laboratory instructor. The total theory average must be at least **75 or above**.

B. A final clinical evaluation of satisfactory must be obtained in the following four nursing courses:

NUR 101, NUR 102, NUR 201, NUR 202

The final clinical evaluation is determined by the classroom instructor in collaboration with the clinical instructors.

C. Tests must be taken as scheduled. Tests missed must be made up within one week. The highest grade that can be received on a make-up test is **75**.

III. The student's final grade will be based on the following guidelines in accordance with the individual instructor's academic prerogative.

A. Theory Performance Grade

The grade for theory performance is calculated as follows:

- Quizzes (averaged as one unit test)
- Unit tests (primarily multiple choice questions)
- Any specific course graded assignment
- College laboratory grades
- Comprehensive final exam

Specific grading criteria are outlined in course syllabi.

A FINAL THEORY GRADE OF 75 MUST BE OBTAINED IN EACH NURSING COURSE.

B. Clinical Performance Grade

1. Student's evaluation will be based on performance as described on specific clinical evaluation tools.
2. A satisfactory evaluation means that the student has met the critical elements of the stated course objectives.
3. If the student receives an instructor referral form for the skill lab, it must be remediated before the next week's clinical class. Clinical deficiencies will be documented. See page 22, *Report of Student Clinical Deficiency*.
4. Two over-riding considerations will be evaluated. These include the prevention of physical jeopardy to the patient and the prevention of emotional jeopardy to the patient. If, in consult with the clinical instructor, the chairperson determines the student is unsafe for clinical classes, the student will not be permitted in clinical classes. If deficiencies cannot be corrected in a timely manner, the student will be requested to withdraw from the course or risk receiving a failing grade.
5. To achieve a satisfactory clinical evaluation, the student must also complete all assigned clinical papers satisfactorily, pass all college laboratory skill evaluations for the semester by the end of the 13th week, and pass the clinical calculations examination.

A CLINICAL FAILURE CONSTITUTES A COURSE FAILURE REGARDLESS OF THE THEORY GRADE.

C. Clinical Nursing Process Paper

Nursing process papers will be graded as "satisfactory", "incomplete", or "unsatisfactory." Each student must achieve a satisfactory on a clinical nursing process paper. **FAILURE TO DO SO WILL RESULT IN AN UNSATISFACTORY CLINICAL EVALUATION AND CLINICAL FAILURE FOR THE COURSE.**

The maximum number of nursing process papers the student may submit for the semester is three. A satisfactory paper must be submitted no later than one week before the last clinical.

D. Skill Performance Evaluation

In each semester, critical skills are identified by faculty to be evaluated. Students are to pass skills, with two retakes permitted, within the identified time frame. Students will have the opportunity to practice the skill with faculty or the technical assistants.

1. Students must pass skills in sequence. Students cannot attempt next skill until previous skill is satisfactory. Students can only cancel skill appointments with the approval of faculty or technical assistants. If a student misses a scheduled appointment, he/she will forfeit one of their skill evaluations.

2. If student does not pass skill the first time, he/she must demonstrate remediation before the retest, such as validated practice with an instructor or technical assistant. Remediation must occur on a day separate from the retest. A student who fails a skill test can not retest on the same day. If a student fails the skill two times; an “At risk for Clinical Failure” letter is signed by the student and skill tester (see page 23 for letter). The student **must** remediate before the third and final skill evaluation attempt. A third failure will result in a clinical failure.
3. Students must complete all skills by the end of the 13th week or the student is at risk for a clinical failure.
4. **FAILURE TO HAVE SKILL PROFICIENCY VALIDATED WILL RESULT IN A CLINICAL FAILURE FOR THE COURSE.**

E. Clinical Calculation Skill Examination

All students must demonstrate preparation for safe practice of medication administration by passing a clinical calculation skill examination each semester in nursing. All work must be shown using dimensional analysis.

	Passing	Retakes
Nursing I	80%	2
Nursing II	85%	2
Nursing III	90%	2
*Nursing IV	95%	2

*Calculators are permitted for Nursing IV CCS exams only (not quizzes).

Two retakes will be permitted; minimum passing must be met before progressing to the next course or graduation. If this standard is not met, the student will receive a clinical failure for the course and will not be allowed to continue the nursing course. When a student misses the exam or a retake, they forfeit one of the exams.

Remediation will be available only for students who took the Clinical Calculation Skill exam and did not meet minimum passing grade. If the student misses the scheduled Clinical Calculation Skill exam, he/she should see the lead instructor for remediation.

IV. Nursing V - Transition to Practice (57203) is a one-credit course; all students must obtain a satisfactory grade in order to graduate. Students are required to take a Pre-RN examination during this course. Students are required to pay a fee for this exam (see college catalog) and will receive an individualized profile on how they performed on the exam. The profile identifies strengths and weaknesses and can be used as a study guide to prepare for NCLEX-RN.

REPORT OF STUDENT CLINICAL DEFICIENCY

Date

Name

INSTRUCTOR'S OBSERVATION:

UNMET CLINICAL OBJECTIVES (# ____ on evaluation sheet):

REMEDIATION:

Remediation will be completed by _____.
Date

Student Signature

Instructor Signature

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SUNY Orange
Middletown, New York
DEPARTMENT of NURSING

Risk for Clinical Failure Letter

Date: _____

_____ is at risk for clinical failure for having failed to
Student Name
pass the _____ skill for the second time. He/She will be given
Name of Skill Test
a third* and final opportunity to pass the skill. According to the Document of Nursing
Student Policy on skill performance evaluation, "Failure to have skill proficiency
validated will result in a clinical failure for the course".

If the student is unsatisfactory on the third skill attempt, the student will receive a
clinical failure for the course _____, and will not be permitted to attend
course number
any clinical classes for the semester.

Skill Evaluator

Student Signature

*Prior to the third skill evaluation attempt, the student is to receive skill remediation.

Remediation Appointment: _____
Date/Time

Skill Test Appointment: _____
Date/Time

SNOW DAYS/INCLEMENT CONDITIONS

“Dangerous driving conditions during the winter may cause cancellation of classes for the day, or for part of the day. If the occasion should occur, the decision to cancel will be broadcast, beginning at 6 A.M., over all area radio stations. If highways are hazardous where you live, stay home, even if college is in session.”

See Current Student

Handbook

“In the event of inclement weather or emergency conditions, announcements concerning closing of the College and/or class cancellations will be heard on radio stations:

Beacon	WBNR	1260 AM	Middletown	WRRV	92.7/96.9 FM
	WSPK	104.7 FM			
	WHUD	100.7 FM		WSUL	98.3/95.7 FM
	WLNA	1420 AM			
Ellenville			Monticello	WGNY	1200 AM
	WPKF/WFKP	96.1/99.3 FM	Newburgh		
	WELV	1370 AM	Newton, NJ	WSUS	102.3 FM
				WNNJ	1360/103.7 FM
Kingston	WRNN-TV			WHCY	106.3 FM
	WBPM	94.3 FM			
	WGHQ	920 AM	Port Jervis	WDLC	1490 AM
				WTSX	96.7 FM
Poughkeepsie	WBWZ	93.3 FM	Woodstock	WDST	100.1 FM
	WRWD	107.3 FM			
	WRNQ	92.1 FM			
	WRKW	92.9 FM			
	WKIP	1450 AM			

For updated information, dial the College's main number (344-6222) for recorded voice information.

Updated information is also available on the College's website: www.sunyorange.edu.”

Memo from College President

The same directions as for all other college students and college instructors apply to nursing students and nursing faculty.

When it is a clinical day:

1. The college president has indicated that it is expected that a decision will be made as early as possible. Continue listening to the local radio station between 6:30 and 7:00 A.M. If college classes are canceled, your clinical laboratory is canceled. DO NOT call the college. Listen to your radio. See radio stations listed above.
2. If college classes are not canceled, your clinical laboratory is not canceled. Use your own judgment about traveling.

WAIT for the radio announcement. DO NOT CALL ANY INSTRUCTOR, THE HOSPITAL OR THE COLLEGE. Telephone lines will be busy enough.

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Make-Up for Evening Classes

Since SUNY Orange has a policy for make-up for evening classes due to college closing re inclement weather, the Department of Nursing will do the following:

1. Clinical classes cannot be rescheduled due to agency issues.
2. College classes and laboratories will be made up that first Friday after the closure, if possible, since next week's clinical objectives are often based on that content.

(The current college policy states second Friday after closure night.)

GUIDE TO NURSING ACTION WHEN AN INCIDENT* OCCURS TO A PATIENT

1. The nursing student reports immediately to the nursing instructor.
2. The nursing student and instructor notify the nurse in charge. The physician is notified by the nurse in charge of the unit.
3. The supervisor of the unit and nursing administrator of the agency are notified by the nurse in charge.
4. The student and instructor assess the patient's condition. Any necessary nursing measures to be taken are determined by the instructor (in cooperation with the nurse in charge of the unit) who guides the student to do them. The patient is to receive maximum physical and emotional support. The student is to remain with the patient during any critical period.
5. The student and instructor attend the patient when the physician arrives if practical and/or possible. The physician may wish to ask questions about the incident. He should be informed as to exactly what happened.
6. The agency policy is to be followed concerning the completion of INCIDENT REPORTS. The student responsible for the incident is to write the report. The report is to be clear, correct, and as concise as possible utilizing quote from involved person as much as possible. Complete all information required. Pay particular attention to times, sequential order of facts.
7. The chairperson of the nursing department is to be notified as soon as it is convenient for the student and/or instructor to do so. This is to be followed by a meeting with the chairperson of the department. A copy of the incident report is to be given to the chairperson of the department.
8. The student involved in the incident is not to talk to anyone about the incident except her instructor, the physician, a representative of nursing administration of the agency, or the department chairperson. If further direction is needed, the student should contact the nursing department chairperson.

* “An incident is any happening which is not consistent with the routine operation of the hospital or the routine care of a particular patient. It may be an accident or a situation which might result in an accident.”

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GUIDELINES ON STANDARD/UNIVERSAL PRECAUTIONS

Purpose

The following departmental guidelines serve as policies on infection-control precautions. They should be used rigorously when caring for all patients in order to decrease risk for exposure to bloodborne pathogens.

Guidelines

1. Appropriate barrier precautions include the following:
 - a. Gloves should be worn for touching blood and body fluids, mucous membranes or non-intact skin, for items soiled with blood or body fluids, and for any vascular access (IV) site.
 - b. Gloves should be changed after contact with each patient.
 - c. Masks/protection goggles should be worn during procedures that generate blood and body secretions to prevent exposure of mucous membranes of mouth/nose/eyes.
 - d. Gowns should be worn during procedures that may produce splashes.
2.
 - a. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood and body fluids.
 - b. Hands should be washed immediately after gloves are removed.
3.
 - a. Contaminated needles should not be recapped, purposely bent or broken by hand.
 - b. Contaminated disposable syringes, needles should be placed in puncture resistant containers. If necessary, used needles and syringes should be placed in puncture resistant container for transport to disposal container. All syringes and needles should be handled cautiously to prevent sticks to self or others.
4. Students who attend vaginal or cesarean deliveries must use appropriate barrier precautions (e.g., gloves, gowns and eye protection) when handling the placenta or the infant until blood and amniotic fluid have been removed from the infant's skin (first bath).
5. Students who have exudative lesions or weeping dermatitis should refrain from direct patient care and from handling patient care equipment until the condition resolves.
6. Pregnant health care workers: Students are not known to be at greater risk for bloodborne pathogen infection, but the infant is at risk of transmission from prenatal infection. Pregnant students must strictly adhere to guidelines.

**Information from State Education Department, The University of the State of New York
(Effective 3/92)**

“It is considered unprofessional conduct for a health professional to fail to use infection prevention techniques appropriate to each profession for the cleaning and sterilization of instruments and devices, materials and work surfaces, for utilization of protective garb, for use of covers for contamination-prone equipment, and for handling of

sharp instruments.” (This could be interpreted to include handwashing.)

**RECOMMENDED PROTOCOLS FOR DOCUMENTATION AND MANAGEMENT OF CLINICAL
PRACTICE BLOODBORNE PATHOGENS EXPOSURES**

SUNY Orange Policy

Purpose:

As a student in the nursing program you have increased potential exposure to the bloodborne pathogens that cause Hepatitis and AIDS. To protect yourself from these pathogens you have been instructed in the use of Standard/Universal Precautions. However, should these precautions fail and you suffer an exposure, certain protocols are to be followed. These protocols are recommended by the CDC and are codified in college and agency policy. For your protection, the faculty strongly urge you to review these protocols now. In this way you will be prepared to handle any bloodborne pathogen exposure that might occur.

As a student at Orange County Community College, you are covered by a secondary accident insurance policy. This policy will cover medical expenses related to any documented accidental injury that occurs while in class or in the clinical setting, which is not covered by your own primary health insurance. However, to activate this coverage, you must file an accident report in Health Services. The Director of Health Services or one of the campus nurse’s will provide you with specific information about the policy, its limits and benefits, claim forms and instructions for filing a claim.

Definition of Terms:

HBV	=	Hepatitis B Virus
HCV	=	Hepatitis C Virus
HIV	=	Human Immunodeficiency Virus
PEP	=	Postexposure Prophylaxis
HCW	=	Health Care Worker
PIM	=	Potentially infectious material

Bloodborne Pathogens Exposure = exposure to blood or visibly bloody body fluid, or other PIM that results in a percutaneous injury, mucous membrane or nonintact skin exposure, and bites resulting in blood exposure.

The CDC recommends that PEP for HIV be initiated as soon as possible after an exposure, preferably within the first hour. This does not give one much time to consider options, therefore the faculty would like you to consider this information ahead of time. If you have personal health concerns that would limit the use of PEP, you may wish to discuss the use of and choice of PEP with your personal physician.

Protocols:

Any student who experiences a Bloodborne Pathogens exposure as defined above must:

1. Provide immediate care to the exposure site, flushing mucus membranes with water or washing wound with soap and water.
2. Immediately notify the clinical instructor and head nurse at the assigned agency. The student must also meet with the nursing department chairperson and the Director of Health Services.
3. The student will complete an agency incident report (with a copy to the college), a nursing department report and a college accident report.
4. The student will follow agency policy for post-exposure evaluation and treatment. The student should expect to be seen either in the agency emergency department or employee health office for evaluation of the exposure to determine risk based on the type of exposure and the source individual. A baseline blood test may be drawn on the student for HIV, HBV and HCV. This baseline along with source evaluation will help to determine treatment and follow-up options.
(As all agencies generally follow the CDC guidelines; therefore, see attached June 29, 2001 update, Appendix B: The Management of Occupational Blood Exposures.)
5. PEP for HIV will be either offered or recommended based on the medical evaluation of the student, the source and the type of the exposure. Students should consult with the Director of Health Services for assistance in obtaining PEP if they cannot obtain the prescribed medications beyond the initial doses through the agency or their own health insurance. (See attached Appendix C: Basic and Expanded HIV Postexposure Prophylaxis Regimens.)

INFORMATION ON THE RISK OF BLOODBORNE DISEASE TRANSMISSION TO HEALTH CARE WORKERS (HCWs)

(Draft Report - New York State Department of Health, 1997)

The risk of acquiring a bloodborne infection after an occupational exposure is determined by several factors. Foremost are the following:

- concentration of virus in the blood or body fluid in the source individual;
- inoculum size or volume introduced into the body of the HCW;
- route of exposure, i.e., percutaneous, mucous membrane, non-intact skin;
- susceptibility of the HCW; and
- the implementation of disease-specific prophylactic measures.

Three viruses have been primarily associated with bloodborne transmission to HCWs. In order of risk, these are Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV), the virus that causes AIDS. The following summarizes information about the occupational risk for each of these viruses and the factors which influence transmission.

A. HIV (Human Immunodeficiency Virus)

The precise number of health care workers who have acquired HIV as a result of an occupational exposure is not known. However, by using several sources of information, it is possible to gain insight into the general magnitude of risk and characterize the circumstances that contribute to transmission.

AIDS cases among HCWs. As of December, 1995, 5% of the AIDS cases reported to the Centers for Disease Control and Prevention (CDC) for whom occupational information was known, were identified as HCWs; HCWs represent about 7% of the national work force. Most (94.2%) HCWs with AIDS are reported with a known risk factor not related to their occupation, i.e., behavioral or transfusion-related risk. Among HCWs who are first reported as having no known risk for HIV, the majority are eventually determined to have a non-occupational risk. (In one report this was a finding in 87% of the HCWs.)

Seroprevalence studies. HIV seroprevalence studies are used to estimate the proportion of a given population that is infected (e.g., newborns, prisoners). Studies of HCWs are not routinely performed and profession-specific HIV exposure risks are not known. A few studies of selected HCWs (dental professionals, orthopedic surgeons, surgeons, physicians, hemodialysis staff) report seroprevalence rates of zero to 0.09% (excluding HCWs with a known non-occupational risk factor). While this only is limited information, it does suggest that the prevalence of previously undetected HIV in HCWs is low.

Prospective studies of exposed HCWs. Studies of HIV-exposed HCWs provide a crude estimate of the rate of seroconversion following such events. In 21 studies of percutaneous exposures (usually needlesticks) involving over 6,000 HCWs followed for a minimum of six months, the average rate of seroconversion was 0.3% (range, 0.1-0.5%). Six of these studies also reported the outcome of 1106 mucous membrane exposures, only one of which resulted in seroconversion (<0.1%).

Case Reports. The first reported seroconversion in a HCW was published in 1984. As of June 30, 1996, the CDC reports 51 documented cases of seroconversion in HCWs and another 108 possible cases of occupationally-acquired HIV. (Possible cases are HCWs whose exposure or baseline HIV status was not determined but after investigation were believed to be occupationally-related) . Among the 51 health care workers with documented seroconversion, percutaneous exposure to blood was the most common mechanism of transmission (N=44).

A case-control study of HCWs from the United States, France and England who had percutaneous HIV-exposures has helped identify specific risk factors for seroconversion. These include: sustaining a deep injury; presence of visible blood on the implicated device; a procedure involving the placement of a hollow bore needle directly in a vein or artery; and end-stage HIV disease in the source.

There are five reports of health-care workers who became infected through a mucous membrane or non-intact skin exposure, a sixth worker had both cutaneous and mucosal exposures. Based on case descriptions, two factors appear to be associated with transmission in these instances: exposure to a large volume of blood, or prolonged contact with infected blood.

B. HBV (Hepatitis B Virus)

Transmission of Hepatitis B infection is a well documented occupational risk to HCWs, Serosurveys of selected groups of HCWs, conducted in the mid-1970s, showed that the prevalence of markers of HBV infection among nurses, physicians, dentists and other occupational groups varies, depending on the frequency of blood contact. Among occupations with frequent blood contact, seroprevalence ranged from 15-30%, rates that are three to five times higher than seen in the general United States population.

Potential for Transmission of Bloodborne Pathogens to Health Care Workers

Pathogen	Viral Particles/ml in Serum or Plasma	Risk of Transmission after Needlestick Injury
Hepatitis B Virus	1,000 - 1,000,000,000	6.0 - 30.0%
Hepatitis C Virus	10 - 1,000,000	2.7 - 6.0%
HIV	10 - 10,000	0.30%

HBV can cause serious disease leading to chronic hepatitis, cirrhosis and hepatocellular carcinoma. Approximately 5-10% of persons become chronic carriers and represent a continuing risk for transmission to sexual partners, offspring and sometimes even patients.

In 1996, the risk of HBV infection transmission to HCWs is significantly diminished, due in large part to the licensure and promotion of Hepatitis B vaccine, the availability of Hepatitis B immune globulin (HIE) for post-exposure prophylaxis, the implementation of universal precautions, and education and heightened awareness among HCWs concerning the risk of bloodborne pathogens. Based on 1994 statistics, the CDC estimates that the annual number of HBV cases in HCWs is 1012, of which 250 are clinically-symptomatic infections, with approximately 22 of these HCWs eventually dying as a direct outcome of HBV infection. This represents an 88% decrease in the estimated incidence of occupationally-acquired HBV since 1987.

The outcome after a single exposure to HBV depends on the nature of the exposure, the “e” antigen status of the source individual (“e” antigen is a marker for a higher viral titer and increased risk of transmission), and the HBV antibody status of the HCW. Without HBV vaccine or HBIG, the risk of HBV after a single needlestick exposure ranges from 6-30%. However, with effective pre- and post-exposure prophylaxis, occupationally acquired HBV should occur only rarely.

C. HCV (Hepatitis C Virus)

Hepatitis C, formerly included in the Hepatitis non-A, non-B virus group, is the third bloodborne pathogen of concern of HCWs. However, this virus is less familiar to HCWs than HBV or HIV, and testing for HCV has not been part of routine post exposure management. Therefore, the significance of this infection may be under-appreciated as well as under-detected among HCWs.

Hepatitis C is a serious disease and virtually all persons who become infected remain chronic carriers (unlike HBV where only 5-10% remain carriers) and pose an infection risk to others. HCV infection often leads to chronic liver disease, including cirrhosis and hepatocellular carcinoma.

Although laboratory tests to detect HCV antibody have been available for a relatively short time (1989), a body of information is emerging which can be used to estimate the relative risks for HCWs. Serosurveys of HCWs in the United States which used supplemental testing to increase reliability, report prevalence rates in the range of 0-1.7%, similar to rates observed in volunteer blood donors. However, needlestick injuries have been independently associated with HCV seropositivity in HCWs and several case reports have documented HCV transmission from patients to HCWs, usually the result of a percutaneous injury. (There is one case report of occupational transmission through a blood splash to the eye.) The risk from a single exposure also has been estimated through a few prospective studies of exposed HCWs which report an average rate of seroconversion of 2% (range 0-6%).

D. Other Bloodborne Pathogens

Little is known about the occupational risk to HCWs from other bloodborne pathogens, e.g., Human T-Cell Leukemia Viruses I and II, other hepatitis viruses, malaria or syphilis. However, clinicians managing HCWs exposed to blood and body fluids should at least be aware that these pathogens exist and may pose a risk for transmission if a source patient is infected with one of these agents.

INFORMATIVE MEMOS TO ALL NURSING STUDENTS

AIDS/HIV Confidentiality

Public Health Law Article 27-F stresses the procedure for disclosure of "CONFIDENTIAL HIV RELATED INFORMATION," and all health care personnel, including students, must comply.

You are prohibited by law from discussing information with anyone other than those involved with direct care of patients. (Example: do not disclose information to housekeeping staff.) This is not only an ethical issue, but now a legal issue since it involves a New York state law.

The information may not be released to anyone, except those who give direct patient care or have access to charts, without a written consent from the individual. A special consent form, "Authorization for Release of Confidential HIV and Related Information," must be used.

Hepatitis B Prevention Through Vaccination**

The risk of health care workers acquiring HBV and HCV infection is related to the frequency of routine exposure to blood or blood products and to the frequency of injury from needlesticks, scalpels or other sharps and exposure of open wounds to blood or body fluids. These risks vary during the training and working career of each individual but are often highest during the professional training period. For this reason, the Department recommends that hepatitis B vaccination be completed during training in schools of medicine, dentistry, nursing, laboratory technology, and other allied health professions.

Members of certain occupational groups that have frequent contact with blood or needles remain at highest risk for exposure to this virus (regardless of the duration of experience in their profession or field) and should be offered the opportunity for vaccination by their employers. These occupational groups include (but are not limited to) medical technologists, operating room staff, phlebotomists, intravenous therapy personnel, surgeons, pathologists, and oncology and dialysis staff. Groups who are at increased risk and should also be considered for a vaccination program include emergency room personnel, nursing staff, staff physicians, and others whose work activities or experience indicate a risk for blood exposure.

1989 New York State Department of Health Memorandum

****We recommend that nursing students receive this vaccine.**

Latex Allergy Policy

Students who are known to have allergy to latex should self-report this information to the campus nurse. Latex-free products will be provided.

OTHER NURSING DEPARTMENT POLICIES

Other nursing department policies which apply to specific nursing courses will be distributed by nursing faculty.

REFERENCES AND ACKNOWLEDGMENTS

1. Several college and university catalogs and nursing program policy handbooks, besides OCCC'S, were reviewed and used in the revisions of the policies for nursing students at Orange County Community College; such as, Manatee Community College, Florida; Berkshire Community College, Massachusetts; New York's Marist College, Pace University, Dutchess Community College, St. John's University.
2. The University of the State of New York, The State Education Department, Office of the Professions, Division of Professional Licensing Services, Cultural Education Center, Albany, New York. Nursing Licensing Application Packet, March 2004. NYS regulations of professional practice in nursing, including professional discipline and misconduct, relevant to Title VIII of the Education Law.
3. "Standards of Clinical Nursing Practice," American Nurses Association. 2nd Edition, 1998.
4. Chapter V, State Hospital Code.
5. Center for Disease Control and Prevention, Morbidity and Mortality Weekly Report. "Appendix B. - Management of Occupational Blood Exposures. September 30, 2005.
6. Center for Disease Control and Prevention, Morbidity and Mortality Weekly Report. "Appendix C. - Basic and Expanded HIV Postexposure Prophylaxis Regimens. September 30, 2005.
7. "Exposure to Blood: What Healthcare Personnel Need to Know." The Public Health Foundation of the Department of Health and Human Services. July 2003 (<http://bookstore.phf.org>)
New York State Department of Health, June 1998.
8. Numerous articles on nursing student and nurse practice policies and legal implications.

Revised 6/07